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FIRST NAMED INVENTOR

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

FILING DATE

04/07/2011 52203 7590 CONTINENTAL TEVES, INC. ONE CONTINENTAL DRIVE AUBURN HILLLS, MI 48326-1581

APPLICATION NO.

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ATTORNEY DOCKET NO.

CONFIRMATION NO.

| 10/565,581  | 01/23/2006                 |                             | Martin Ebel   |                              | TM003                     | 2344                     |  |
|---|----------------------------|-----------------------------|---|------------------------------|---------------------------|--------------------------|--|
| TITLE OF INVENTION  | N: PRESSURE MEASUR         | RING METHOD AND DI          | EVICE   |                              |                           |                          |  |
|   |                            |                             |   |                              |                           |                          |  |
|   |                            |                             |   |                              |                           |                          |  |
| APPLN, TYPE   | SMALL ENTITY               | ISSUE FEE DUE               | PUBLICATION FEE DUE   | PREV. PAID ISSUE FEE         | TOTAL FEE(S) DUE          | DATE DUE                 |  |
| nonprovisional  | NO                         | \$1510                      | \$300   | \$0                          | \$1810                    | 07/07/2011               |  |
| EXAMINER  |                            | ART UNIT                    | CLASS-SUBCLASS  |                              |                           |                          |  |
| ALLEN, ANDRE J  |                            | 2855                        | 073-729200  | _                            |                           |                          |  |
| 1. Change of correspondence address or indication of "Fee Address" (37  |                            |                             | 2. For printing on the p  |                              | 1                         |                          |  |
| CFR 1.363).  Change of correspondence address (or Change of Correspondence  |                            |                             | (1) the names of up to 3 registered patent attorneys I————————————————————————————————————  |                              |                           |                          |  |
| Address form PTO/SB/122) attached.  |                            |                             |   |                              |                           |                          |  |
| ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer |                            |                             | (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is 3 |                              |                           |                          |  |
| Number is required.   |                            |                             | listed, no name will be   | printed.                     | J                         |                          |  |
| 3. ASSIGNEE NAME A  | ND RESIDENCE DAT.          | A TO BE PRINTED ON          | THE PATENT (print or ty   | pe)                          |                           |                          |  |
| PLEASE NOTE: Un   | less an assignee is ident  | ified below, no assignee    | data will appear on the p<br>T a substitute for filing an   | oatent. If an assignee is it | dentified below, the doc  | ument has been filed for |  |
| (A) NAME OF ASSI  |                            | piction of this form is 140 |   | Y and STATE OR COUNT         | rry)                      |                          |  |
| ,   |                            |                             |   |                              | ,                         |                          |  |
| Conti Tech  | Microelectr                | onic GMBH                   | Numberg, G  | ermany                       |                           |                          |  |
| Please check the appropri   | riate assignee category or | categories (will not be p   | rinted on the patent):  | Individual 🗖 Corporat        | ion or other private grou | p entity 🔲 Government    |  |
| 4a. The following fee(s)  | are submitted:             | 41                          | b, Payment of Fee(s): (Ple  | ase first reapply any pre    | viously paid issue fee sh | iown above)              |  |
| ☐ Issue Fee ☐ A check is enclosed.  |                            |                             |   |                              |                           |                          |  |
| ☑ Publication Fee (No small entity discount permitted) ☐ Payment by credit card. Form PTO-2038 is attached.                   |                            |                             |   |                              |                           |                          |  |

Authorized Signature 55,418 Macki Registration No. \_ Typed or printed name Christine

NOTE; The Issue Fee and Publication Fee (if required) will upt be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in

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5. Change in Entity Status (from status indicated above)

interest as shown by the records of the United States Patent a

a. Applicant claims SMALL ENTITY status, See 37 CFR 1.27.

The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 50-2570 (enclose an extra copy of this form).

b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).